Name in Full: Charles W Arnold

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Smallwood — County: Carroll

Date of death: 1904 — Month: Dec — Day: 3 — Age: Years 78 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or ~~Husband~~: Emily J. Shipyard

Father's Name: Charles Arnold — Father's Birthplace: Maryland

Mother's Maiden Name: Dont Know — Mother's Birthplace:

Name of person giving information: Elias B Arnold — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congestion Lung — How long: 4 days

Immediate: Heart Failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. H. Billingslea

Address: Westminster Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A83816

Sharon

Deer Park Chapel.
Randallwood

Name in Full

Certificate of Death

Aaron Austin

Died at Town: Freedom. County: Carroll MARYLAND

Date 1904 Month: Dec. Day: 8 | Age Y.: 64 M.: 7 D.: 22 | Native of: Georgia | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ | Number of children living one.

~~Husband~~ of Ellen Austin

Father's Name

Mother's Name

Cause of Death: Primary — Pneumonia 93 | How long sick: 7 days.

Immediate — Heart Failure | ~~Accident, Suicide, Homicide~~

Reported by M.D. Morris. M.D.

Address Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: Lewis N. Baile

CERTIFICATE OF DEATH

MARYLAND

Died at: near Town: New Windsor County: Carroll

Date of death 1904 Month: 12 Day: 18 Age Years: 83 Months: 4 Days: 23

Sex: Male Color or Race: White Birthplace: Carroll Co.

Occupation: Farming Where Residing if not at place of death: near New Windsor

Married, Single or Widowed: Married Name of Wife or Husband: Jane Baile.

Father's Name: Abram Baile Father's Birthplace: Carroll Co.

Mother's Maiden Name: Sarah Castle Mother's Birthplace: Carroll Co.

Name of person giving Imformation: Fletcher A. Baile How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 3 days

Immediate: Pneumonia How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. H. Brown M.D.

Address: New Windsor, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU AB3016

Medford.

Name in Full: Dorothy Elizabeth Barnes

CERTIFICATE OF DEATH

MARYLAND

Died at: near Town: Porters — County: Carroll

Date of death: Month: 12 — Day: 4 — Years: — — Months: — — Days: 26

Sex: Female — Color or Race: White — Birthplace: near Porters

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Columbus Barnes — Father's Birthplace: near Gist

Mother's Maiden Name: Cushis Rawlings — Mother's Birthplace: near Porters

Name of person giving Imformation: Frank Rawlings — How related to deceased: Grandparents

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion — How long: one week

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. D. Crouch.

Address: Winfield, Md.

Accident or Suicide?

LIBRARY BUREAU A8981S

Messiah Lutheran Church

Name in Full: Louise J. Cahen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville — County: Carroll

Date of death: Month: 12 — Day: 25th — Years: 24 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Art student — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Louis Cahen — Father's Birthplace: Germany

Mother's Maiden Name: Frederika Cahen — Mother's Birthplace: Germany

Name of person giving In formation: Frederika Cahen — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Paresis — How long: Over 1 year

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris M.D.

Address: Springfield state Hospital Sykesville Carroll Co. Md.

Accident or Suicide? no.

LIBRARY BUREAU A66816

Name In Full

Certificate of Death

Mrs. Mary Ann Cain

Died at near Town West Hall County Carroll State of MARYLAND

Date	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1904	12	16		60	6	18	Md.	House wife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband / Wife of Wm Eldridge Cain

Father's Name Bennett Shurrur

Mother's Name Rachel Shurrur

			How long sick
Cause of Death	Primary	Pulmonary Tuberculosis	6 Months
	Immediate	Heart failure.	Accident, Suicide, Homicide

Reported by David H. Dewbiss MD

Address Woodville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72688

Name in Full: Leo Six Conan

CERTIFICATE OF DEATH

MARYLAND

5489

Died at: Town: Westminster; County: Carroll

Date of death: 1904; Month: Dec; Day: 10

Age: Years / Months / Days

Sex: Male

Color or Race: White

Birthplace: Carroll Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Leo Conan

Father's Birthplace: Carroll Co

Mother's Maiden Name: Rosa Six

Mother's Birthplace: " "

Name of person giving In formation: John H Six

How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still-born

How long:

Immediate: " "

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. Elwood Wood

Address: Westminster Md.

Accident or Suicide?

LIBRARY BUREAU A99816

St. Benjamins Cemetery

Stoner

Name in Full: Francis Lewis Criswell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Daniel — County: Carroll

Date of death 1904 — Month: December — Day: 10

Age — Years: 65 — Months: 11 — Days: 28

Sex: male — Color or Race: White — Birthplace: Carroll Co Md

Occupation: Farmer — Where Residing if not at place of death: Carroll Co.

Married, Single or Widowed: Married — Name of Wife or Husband: Louisa

Father's Name: James Criswell — Father's Birthplace: Maryland

Mother's Maiden Name: Wilson — Mother's Birthplace: Maryland

Name of person giving Information: Louisa J Criswell — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cold — How long: Two weeks

Immediate: Pneumonia — How long: 9 days

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E D Crouk

Address: Winfield Md

Accident or Suicide? —

LIBRARY BUREAU A-6016

Name in Full: Jane Eckard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Tyrone — County: Carroll Co

Date of death: Month: Dec. — Day: 16 — Year: 1904

Age: Years: 65 — Months: 9 — Days: 24

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Thomas Eckard

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Davidson — Father's Birthplace: Ireland

Mother's Maiden Name: Margaret Strain — Mother's Birthplace: Ireland

Name of person giving information: William M. Eckard — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: several years

Immediate: Exhaustion — How long: — — — —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. B. Foutz.

Address: Westminster Maryland.

Accident or Suicide? —

LIBRARY BUREAU A88916

Name in Full: Sallie L. Ecker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster; County: Carroll

Date of death: 1904 Month: Dec Day: 20

Age: Years: 54 Months: 5 Days:

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Husband: Eugene Ecker

Father's Name: Jacob H Naill

Father's Birthplace: Maryland

Mother's Maiden Name: Hannah Cockran

Mother's Birthplace: Del

Name of person giving Information: Hannah Townsend

How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart disease

How long: several years

Immediate: Collapse

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. F. Shipley M. D.

Address: Westminster Md.

Accident or Suicide?

LIBRARY BUREAU A66814

Shaver

Minnie

Ford Co

Name in Full Theodore Fuhrman — Certificate of Death

Town — County

Died at Manchester — Carroll — MARYLAND

Date 1904	Month Dec	Day 6	Age Y. 61	M. 8	D. 18	Native of Maryland	Occupation Farmer

Male — White — Married — Widow — Divorced

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living 9

Husband of Wife

Father's Name Stephan Fuhrman — Mother's Name Margaretta B. Hoffman

Cause of Death: Primary Typhoid Pneumonia — How long sick 2 weeks

Immediate Collapse

Accident, Suicide, Homicide

Reported by J. H. Sherman M.D.

Address Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65868

Name in Full: Pilketon Hartly.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylorsville; County: Carroll

Date of death: 1904; Month: 12; Day: 18; Age: Years 73; Months 3; Days 9

Sex: Male; Color or Race: White; Birthplace: Balto. Co.,

Occupation: Plasterer; Where Residing if not at place of death: Taylorsville

Married, Single or Widowed: Married; Name of Wife or Husband: Peggy Hartly

Father's Name: James Hartly; Father's Birthplace: Balto Co.,

Mother's Maiden Name: Martha Hartly; Mother's Birthplace: Balto. Co.,

Name of person giving Information: Wesley Jenkins; How related to deceased: Son in Law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis; How long: Five years

Immediate: Uremic Septicemia; How long: Three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. T. Crouch.

Address: Taylorsville, Md

Accident or Suicide?

LIBRARY BUREAU A89616

Name in Full: Martin L. Landis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sperry's Field Hosp. County: Carroll

Date of death: Month: Dec. Day: 28 Years: Age 72 Months: Days:

Sex: Male Color or Race: White Birthplace: Md.

Occupation: Labourer Where Residing if not at place of death:

Married, ~~Single~~ ~~Widowed~~ Name of Wife or Husband: Mrs M. L. Landis

Father's Name: Henry Landis Father's Birthplace: Md.

Mother's Maiden Name: ? Mother's Birthplace:

Name of person giving In formation: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia How long: 18 mos.

Immediate: General Debility How long: 2 mos.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. C. Stone M.D.

Address: Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Richard McCormick

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sykesville — County: Carroll

Date of death: Month: Dec. — Day: 25 — Years: 58 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Balto Co Md

Occupation: Book Keeper — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Sal-Mia McComas

Father's Name: John McCormick — Father's Birthplace: Pa

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Wife — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Bilious Attack (Complicated) — How long: About 1 wk

Immediate: Effects of Stone, Fatty Heart Septicaemia — How long: About 1 wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dwight Wallace

Address: Sykesville, Md

Accident or Suicide?

LIBRARY BUREAU A86616

Name in Full: Sophia C. Marquart

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pyrmont — County: Carroll

Date of death 1904 — Month: Dec. — Day: 10

Age — Years: 75 — Months: 5 — Days: 26

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: married — Occupation: House wife

Name of Wife or Husband: Frederick Marquart

Father's Name: Stine — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Charles A. Marquart — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heard Disease + Dropsy — How long: Six Months

Immediate: Partial paralisis — How long: one day

Are the name, age, sex, color date and place correctly given above? Yes

Signature of Physician: Jacob Stonebraker M.D.

Address: Fizzelburg Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A28818

Name in Full: Henry Edmond Mosbock

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Finchon — County: Carroll

Date of death 1904 — Month: Dec. — Day: 13 — Age: Years 75. Months 7. Days 2.

Sex: Male. — Color or Race: White. — Birthplace: Westminster.

Occupation: Farmer — Where Residing if not at place of death: Westminster

Married, Single or Widowed: Widower — Name of Wife or Husband: Sarah Magdalene Mosbock

Father's Name: Michael Mosbock — Father's Birthplace: Westminster

Mother's Maiden Name: Anna Maria Mosbock — Mother's Birthplace: Westminster

Name of person giving information: Mrs. H. Brodbeck — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Complication of Diseases — How long: Fifteen years

Immediate: Heart Disease — How long: Three hr.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: F. H. Loertz, M.D.

Address: Finchon Maryland.

Accident or Suicide?

LIBRARY BUREAU A68810

Name in Full: Caspar H. Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Springfield Hosp. County: Carroll.

Date of death: Month: Dec. Day: 8 Years: Age 87 Months: Days:

Sex: Male Color or Race: White Birthplace: Md.

Occupation: Salesman Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband: Mrs C. H. Morris

Father's Name: J. G. Morris Father's Birthplace: Pa

Mother's Maiden Name: Isabel Sumwell Mother's Birthplace: Pa

Name of person giving Information: H. P. Morris How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Mania How long: 18 weeks

Immediate: Exhaustion How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Clement Clark

Address: Sykesville Carroll Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88518

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Rachel C. Husbaum ✓

Died at: Uniontown — **Town** — **County:** Carroll

Date of death 1904: Month: Dec — Day: 15th — **Age:** Years: 53 — Months: 11 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: John H. Husbaum

Father's Name: John Townsend — Father's Birthplace: Pa.

Mother's Maiden Name: E. Perkins Gists — Mother's Birthplace: Md.

Name of person giving information: John H. Husbaum — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Collapse — How long: 6 hours

Immediate: Uremic Causes — How long: About 6 years

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Luther Kemp

Address: Uniontown Md.

Accident or Suicide?

LIBRARY BUREAU A8881A

Name in Full: Sarah O'Donnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville; County: Carroll

Date of death: 1904; Month: 12th; Day: 3rd; Age: Years: 72; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Ireland

Occupation: Domestic; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving Information: Henry O'Donnell; How related to deceased: Not known

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pthisis Pulmonalis; How long: 7 months

Immediate: Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris, M.D.

Address: Springfield Hospital, Sykesville, Carroll Co., Md.

Accident or Suicide? No -

LIBRARY BUREAU A68516

Name in Full: Fannie Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville; County: Carroll

Date of death 1904: Month: 12d; Day: 26th; Age: Years: 63; Months: -; Days: -

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of ~~Wife or~~ Husband: Charles W. Parker

Father's Name: John Smith; Father's Birthplace: Md.

Mother's Maiden Name: Catherine Burris; Mother's Birthplace: Md.

Name of person giving In formation: Chas. W. Parker; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Melancholia; How long: Four Months

Immediate: Exhaustion; How long: -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris M. D.,

Address: Springfield State Hospital, Sykesville, Carroll Co. Md.

Accident or Suicide? No.

LIBRARY BUREAU A882I6

Name in Full

Certificate of Death

Alfred Peddicord

Died at Springfield State Hospital - Sykesville (Town) (County) MARYLAND

Date 1904 Month 12" Day 1st | Age Y. 39 M. — D. — | Native of D.C. | Occupation, Solicitor

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of —

Wife

Father's Name

Mother's Maiden Name —

Cause of Death: Primary — Alcoholic dementia

Immediate — Cerebral oedema 5/6

How long sick 5

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Chas. J. Cary M.D.

Address Springfield State Hospital Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full Samuel Repp

Certificate of Death
No. 110

Town Union Bridge County Carroll Co., MARYLAND

Died at Union Bridge

Date 1904 Month Dec Day 24 | Age Y. 80 M. 4 D. 5 | Native of md. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 3

Husband of Wife Mary Repp

Father's Name Henry Repp

Mother's Maiden Name Mrs. Smith

Cause of Death: Primary —

Immediate Senility — Dr James Watt.

How long sick 1 day

Accident, Suicide, Homicide

Reported by Dr James Watt.

Address Union Bridge md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Elizabeth Shaeffer ✓

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Eastview — County: Carroll

Date of death: Month: Dec — Day: 21. — 1904

Age — Years: 72 — Months: 3 — Days: —

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: John Shaeffer

Father's Name: Charles Baker — Father's Birthplace: Germany

Mother's Maiden Name: Dont Know — Mother's Birthplace: "

Name of person giving In formation: John Shafer — How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer — How long: 2 or 3 yrs

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Funeral Director: James, M. Glover

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A66816

German Lutheran cemetery.

Name in Full: Rosa Six

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster — County: Carroll

Date of death: Month: Dec — Day: 14 — Years: 16 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Carroll Co.

Occupation: House Keeper — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John H Six — Father's Birthplace: Carroll Co

Mother's Maiden Name: Haines — Mother's Birthplace: " "

Name of person giving Information: John H Six — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Edampsia 1/20 — How long: 4 days

Immediate: Uraemic Convuls — How long: 1/2 hr

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. T. Herring

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A88816

St Louis

Union Bridge

Name in Full: John Edward Squirrel

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sykesville — County: Carroll

Date of death: 1904 — Month: Dec — Day: 23 — Age: Years: 4 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Sykesville

Occupation: — Where Residing If not at place of death: —

Married, Single or Widowed: No — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Squirrel. — Father's Birthplace: Carroll Co

Mother's Maiden Name: Minnie Squirrel — Mother's Birthplace: Sykesville

Name of person giving In formation: John Fry — How related to deceased: uncle

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculous Meningitis & Pneumonia — How long: One week

Immediate: Syncope — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel B. Strecker

Address: Sykesville

Accident or Suicide? —

LIBRARY BUREAU A68816

Name in Full: Mary E. Steever

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville — County: Md.

Date of death: Month: 12 — Day: 22nd — Years: Age 68 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Deady — Father's Birthplace: Md.

Mother's Maiden Name: Mary Bishop — Mother's Birthplace: Md.

Name of person giving Information: Mrs Dougherty — How related to deceased: Not known

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia — How long: 8 months

Immediate: Exhaustion. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Norfolk Morris M. D.

Address: Springfield Hospital, Sykesville, Carroll Co. Md.

Accident or Suicide? No.

LIBRARY BUREAU A66515

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Irvin M. Strasburger

Died at: Town: Westminster; County: Carroll

Date of death: Month: Dec; Day: 15; Year: 1904

Age: Years: 1; Months: 11; Days:

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: A. E Strasburger

Father's Birthplace: Maryland

Mother's Maiden Name: Anna. Nordlinger

Mother's Birthplace: Virginia

Name of person giving information: A. E Strasburger

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions F Burns

How long: 2 days

Immediate: Heart Failure

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Cooman M.D.

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Jonathan L. Thomas-

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Sykesville County: Carroll-

Date of death: 1904 Month: Dec Day: 22

Age: Years: 67 Months: 5 Days: 19-

Sex: Male Color or Race: White Birthplace: Carroll Co

Occupation: Rail Road Employee Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~: Yes Name of Wife or ~~Husband~~: Rebecca Ann Thomas-

Father's Name: Henry Thomas Father's Birthplace: Carroll Co.

Mother's Maiden Name: DeSan Pickett Mother's Birthplace: Carroll Co.

Name of person giving In formation: Wife How related to deceased: wife

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Disease of Heart How long: 9 years-

Immediate: Dropsy — Exhaustion How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel B. Strecher

Address: Maryland

Sykesville

Accident or Suicide? —

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Name in Full: Clarence Waddell Walker

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Westminster (County) Carroll

Date of death 1904 Month Dec. Day 23

Age: Years — Months 3 Days 14

Sex: Male

Color or Race: Colored

Birthplace: Westminster

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Lorenzo B Walker

Father's Birthplace: Md.

Mother's Maiden Name: Laura A. Henderson

Mother's Birthplace: Md.

Name of person giving Information: Lorenzo B. Walker

How related to deceased: Father.

CAUSES OF DEATH

Primary: Acute Bronchitis,

How long: 2 days

Immediate: Convulsions

How long: 6 hours,

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. R. Foutz M.D.

Address: Westminster Md.

Accident or Suicide?

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Ellsworth Cemetery.

Name in Full — Certificate of Death

Mrs Annie Yantis

Died at Town: Taneytown — County: Carroll — MARYLAND

Date 1904 — Month: 12 — Day: 1 — Age: Y. 66 M. D. — Native of: Md. — Occupation: Housekeeper

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living: 3

~~Husband~~ Wife of Geo B. Yantis

Father's Name — Mother's Maiden Name

Cause of Death — Primary: Cancer uterus — How long sick: 5 Mo.

Immediate: " " — 42 — ~~Accident, Suicide, Homicide~~

Reported by

Address R. E. Gettier M.D. Littlestown Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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